



McARDLE LABORATORY
FOR CANCER RESEARCH
DEPARTMENT OF ONCOLOGY
MEDICAL SCHOOL, UNIVERSITY OF WISCONSIN

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Dr. Harold Varmus
Department of Microbiology
and Immunology
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University of California,
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San Francisco, CA 94143

Dear Harold:

I'm sorry to be late in returning this questionnaire. I was away as indicated.

Generally, the negative arguments were more convincing than the positive ones. The negative arguments were sufficient for me to not want a name like HTLV-III, any name with AIDS in it, or anything with tissue tropism in it. Therefore, a suggestion of a completely neutral name like human retrovirus 3 seems most promising.

Instead of a meeting, perhaps after this round we could get an agreement on some general principles like the ones I've mentioned and then try for a name.

Best regards,

Sincerely yours,

Howard M. Temin

HMT/kal

STRAW POLL

1. Which, if any, of the proposed names for the AIDS agent do you favor? List up to four in descending order of preference:

HRV-3

HLRV

2. What do you believe to be the strongest arguments in favor of your first choice?

It does not involve any biological property like disease or tissue tropism which are likely not to be general.

3. Which names would you adamantly oppose?

HAV, AAV, ARV, HARV, HAR, LAV, HALV, HLAV, HTLV-III

Why? Name should not mention AIDS, as clinicians indicate. Name should indicate that viruses of AIDS are distinct from HTLV-I,-II.

4. Are there other names, not previously suggested, that you would prefer? If so, which and why?

HRTV-3 (human retrovirus-3). A modification of HRV-3. I prefer RTV for retrovirus as it is clearer and distinguishes retroviruses from reoviruses or rubella viruses, etc.

HLRTV-3, HTLRTV-3 for the same reason. These have the problem of using tissue tropism in the name.

5. Do you think a meeting would help us reach a consensus?

No, the letters had a good range of opinion. Agreement on principles like not involving the name of the disease (clinicians, problem of explaining non-leukemogenic murine leukemia viruses), not HTLV-III (AIDS virus is too different from HTLV-I,-II), not tissue tropism (not complete description).

6. Please provide any additional comments about the proposed names that might help include or exclude them from further consideration.

I am convinced by most of the negative arguments against the presently used names. The use of HRTV-3 would provide a completely neutral name and not prejudge later reclassification of retroviruses. Thus, HRTV-3 could be in the same group as Visna, and the primate lentiviruses could be PRTV-i, etc. I think human and retrovirus are the chief characteristics needed in the name. Disease and tissue tropism, as pointed out in the letters, could be very misleading in a name.